Atty. Docket No.: 1027.P005US

DECLARATION AND POWER OF ATTORNEY FOR

PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR PROVIDING COMPLEX TISSUE STIMULATION PATTERNS

the specification of	f which (check one)		
⊠ is attached here	eto.		
□ was filed on as Applicat and was an	tion Serial No nended on (if appl	icable)	
I hereby stage specification, includes	ate that I have revieuding the claims, as	ewed and understand the amended by any amendr	contents of the above-identified ment referred to above.
I acknowle of this application	edge the duty to dis	sclose information which Title 37, Code of Federa	is material to the patentability I Regulations, §1.56.
any foreign appli identified below a	cation(s) for paten any foreign applica	t or inventor's certifica	5, United States Code, §119 of te listed below and have also tor's certificate having a filing
Pı	rior Foreign Applic	ation(s):	Priority Claimed ☐ Yes ☐ No
(Number)	(Country)	(Day/Month/Year)	
	laim the benefit un application(s) liste		es Code, §119(e) of any United
Provisional	Application Numb	er	Filing Date
	50/398,749		July 26, 2002

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to

Atty. Docket No.: 1027.P005US

disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial #)	(Filing date)	(Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Robert A. McLauchlan, Reg. No. 44,924 Ken J. Koestner, Reg. No. 33,004 Mary Jo Bertani, Reg. No. 42,321

Send correspondence to: Robert A. McLauchlan, Koestner Bertani, LLP, P.O. Box 26780, Austin, Texas 78755 and direct all telephone calls to Mr. McLauchlan at (512) 339-4100.

FULL NAME OF FIRST INVENTOR:	George Van Campen	
Inventor's Signature:		
DATE:		
RESIDENCE:	Ft. Lauderdale, Florida 33305	
CITIZENSHIP:	US	
Post Office Address:	2841 N.E. 24th Street Ft. Lauderdale, Florida 33305	

Atty. Docket No.: 1027.P005US

FULL NAME OF SECOND INVENTOR:	John Erickson	
Inventor's Signature:	_	
DATE:		
RESIDENCE:	Plano, Texas 75075	
CITIZENSHIP:	US	
Post Office Address:	3516 Interlaken Drive Plano, Texas 75075	